

Jan. 22. 2015 4:47PM Johnson &amp; Williams

No. 5900 P. 4

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's LimoAPPLICATION FOR A CLASS C CHARTER  
CERTIFICATE FROM FUN TOURS, LLC**RECEIVED**

JAN 22 2015

**TRANS DEPT**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2015 - 47 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: FUN TOURS, LLCTelephone: 803-707-5232Address: 410 SUMMERS AVENUEFax: 803-535-1010ORANGEBURG, SC 29115

Other: \_\_\_\_\_

Email: FUNTOURSLLCSC@GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

**RECEIVED**  
FEB 03 2015  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*[Handwritten signature]*

Jan. 22. 2015 4:47PM Johnson &amp; Williams

No. 5900 P. 5

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

## APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

**RECEIVED**

Date: 01/20/2015

JAN 22 2015

CLASS C - CHARTER BUS

**TRANS DEPT**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

FUN TOURS, LLC410 SUMMERS AVENUE, ORANGEBURG, SC 29115

Street Address of Applicant

POST OFFICE BOX 2107, ORANGEBURG, SC 29116

Mailing Address of Applicant (If different from street address)

803-707-5232

Phone

803-535-1010

Fax

FUNTOURSLLCSC@GMAIL.COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

VIRGIN JOHNSON, JR. 368 AVIAN COURT, ORANGEBURG SC 29118

No. 5900 P. 6

### DESCRIPTION OF EQUIPMENT

[illegible]

Jan. 22. 2015 4:48PM Johnson &amp; Williams

No. 5900 P. 7

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

---

Name of Applicant

---

---

Address of Applicant

---

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_ Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:****16 or More Passengers\* \$ 25,000/300,000/25,000****\* Passengers - Number of seatbelts in the vehicle, including the driver's seatbelt**

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Name of Insurance Company

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Home Office Address of Company

---

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

---

Date

---

---

Authorized Insurance Company Representative's Signature

---

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

## COVERAGE SUMMARY INFORMATION

**Named Insured:**

Fun Tours, LLC  
410 Summers Ave.  
Orangeburg, SC 29115

**Coverage Offered By:**

Occidental Fire & Casualty of NC  
Rated A - (Excellent) by A. M. Best

**Coverage Proposed By:**

Tom Wood - Manager/Member  
Thomas Wood Insurance Agency, LLC  
105 Dovershire Ct.  
Cary, NC 27513  
(919)-342-2929 (Phone)  
(800)-690-4958 (FAX)

**Coverage Period:**

12:01 a.m. February 4, 2015  
and continuing until  
12:01 a.m. February 4, 2016

**COVERAGE AND PREMIUM OPTIONS****Occidental Fire & Casualty Co of NC****AUTO LIABILITY - FIRST DOLLAR COVERAGE**

Auto Liability - \$5,000,000 CSL (Symbol 7)

Type Vehicle	Premium/Unit	# Units	Total Premium
Charter Bus	\$14,709	x 1	\$14,709

Uninsured/Underinsured Motorists - \$75,000 CSL (Symbol 7) Included

PHYSICAL DAMAGE COVERAGE  
\$1,000,000 PER OCCURRENCE LIMIT\$2,500 DEDUCTIBLE Comprehensive/Collision

Type Vehicle	Value	Rate	Total Premium
Charter	\$50,000	.0253	\$ 1,265

**TOTAL PREMIUM:****\$15,974**

Loss Control Fee

\$ 100

Payment Terms:

Down Payment:

\$ 3,294.80 (Payable to Thomas Wood Insurance Agency)

9 payments

\$ 1,456.37 each (payable to Standard Premium Finance)

**DRIVER SUSPENSION**

Would you know if a driver's license was suspended?

☒ Yes ☐ No

Do employees take vehicles home?

☐ Yes ☒ No

If yes, is there a written company policy which prohibits operation by household members?

☐ Yes ☐ No**VEHICLE INFORMATION**Storage of Vehicles: ☒ Open Lot ☐ Fenced ☐ Covered If covered, how many in facility at one time? Protection: ☐ Private Security ☐ Alarm System ☐ 24 hour operation ☐ NONEMax Values at any one location: Our vehicles are serviced on the following regular basis: ☐ 3000 miles ☒ Monthly ☐ Semi Annually ☐ OtherWho provides maintenance on your vehicles? 

Are they DOT qualified?

☒ Yes ☐ NoIf no, explain. 

Do your vehicles display promotional lettering or advertisement?

☒ No ☐ Yes

Do your vehicles have special equipment to transport the handicapped?

☒ No ☐ Yes

Are Daily pre-trip inspections made?

☒ Yes ☐ No

Does your state require annual inspections?

☒ Yes ☐ No

If yes, please attach a copy of your last inspection record for all vehicles over 10 years of age.

We meet (check all applicable): ☒ Federal ☒ State ☐ County ☐ City ☒ Other

driver qualification and vehicle inspection requirements outlined in State Department of Transportation and/or the Federal Motor Carrier Regulations

Attach a copy of currently valued loss runs for your insurance carrier(s) for each of the past three - (3) full policy years. If loss runs are not available, please state reasons why and include a signed statement specifying claims as to type, amount paid and amounts reserved for each policy period. Also, provide details for any loss occurrences that exceed \$25,000 or involved a fatality or serious injury. **THIS INFORMATION IS MANDATORY.**

If new in business within the past two years, please complete fully the New Business Questionnaire.

**This application is an attachment to and subject to all conditions stated in the ACORD application for your state of domicile.**

Applicant

Title

Date Completed

# ACORD

DATE (MM/DD/YYYY)  
01/28/2015

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS					LIMITS		COVERAGES	COVERED AUTO SYMBOLS					LIMITS				
LIABILITY	1	4	6	CSL	BI	EA PER	\$ 5,000,000											
	2	7					BI EACH ACCIDENT \$											
	3	8					PROPERTY DAMAGE \$											
PERSONAL INJURY PROTECTION	6						DEDUCTIBLE											
	7						\$											
ADOL PERSONAL INJURY PROTECTION	6						WORK LOSS \$											
	7						MED EXP \$											
MEDICAL PAYMENTS	2	4	6	EACH PERSON	\$													
	3	7																
UNINSURED MOTORIST	2	6	CSL	BI	EA PER	\$ Basic Limits												
	3	7				BI EACH ACCIDENT \$												
	4					PROPERTY DAMAGE \$												
UNDERINSURED MOTORIST	2	6	CSL	BI	EA PER	\$ Basic Limits												
	3	7				BI EACH ACCIDENT \$												
	4					PROPERTY DAMAGE \$												
H/RED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS													
	NO		\$															
NON-OWNED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF														
	NO		EMPLOYEES															
			VOLUNTEERS															
			PARTNERS															
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS						(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW						(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS					
COVERED AUTO SYMBOLS													COVERED AUTO SYMBOLS		LIMITS			
PHYSICAL DAMAGE													TOWING & LABOR		\$			
COMP / OTC													\$2,500 Deductible					
SPECIFIED CAUSES OF LOSS																		
COLLISION													\$2,500 Deductible					
STATES													# DAYS		# VEH		COVERAGE / DEDUCTIBLE	
H/RED PHYSICAL DAMAGE													COMP \$		SPEC \$		COLL \$	
COVERAGE IS:													PRIMARY		SECONDARY			

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**SIGNATURE**

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 2/2/19	PRODUCER'S SIGNATURE <i>[Signature]</i>	NATIONAL PRODUCER NUMBER 812055
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ACORD 137 SC (2014/12)

Page 1 of 3

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**Attach to ACORD 127 and/or 132**

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## TRUCKERS SECTION

AGENCY CUSTOMER ID:

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/> 42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 50 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COVERAGES COVERED AUTO SYMBOLS LIMITS DEDUCTIBLE COMP / OTC 42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 48 <input type="checkbox"/> \$
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/> 45 <input type="checkbox"/>	DEDUCTIBLE \$	SPECIFIED CAUSES OF LOSS 42 <input type="checkbox"/> 47 <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP 43 <input type="checkbox"/> F <input type="checkbox"/> FTW \$
ADDITIONAL P.I.P.	44 <input type="checkbox"/> 45 <input type="checkbox"/>	WORK LOSS \$ MED EXP \$	COLLISION 42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> \$
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR 45 <input type="checkbox"/> \$
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE
UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COVERAGES SYMBOL # TRAILERS # DAYS RADUS DEDUCTIBLE COMP / OTC 48 <input type="checkbox"/> 49 <input type="checkbox"/>
NON-TRUCKERS HIRED / BORROWED	YES STATES NO	COST OF HIRE IF ANY BASIS \$	SPECIFIED CAUSES OF LOSS 48 <input type="checkbox"/> 49 <input type="checkbox"/>
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	COLLISION 48 <input type="checkbox"/> 49 <input type="checkbox"/> \$
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	TRAILER VALUE \$
OTHER			HIRED PHYSICAL DAMAGE STATES # DAYS # VEH
			COVERAGE IS: PRIMARY SECONDARY
			OTHER

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## SIGNATURE

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
<i>[Signature]</i>	2/2/15	<i>[Signature]</i>	812055

ACORD 137 SQ (2014/12)

## MOTOR CARRIER SECTION

AGENCY CUSTOMER ID:

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE
LIABILITY	61 <input type="checkbox"/> 67 <input type="checkbox"/> 62 <input type="checkbox"/> 68 <input type="checkbox"/> 63 <input type="checkbox"/> 71 <input type="checkbox"/> 64 <input type="checkbox"/>	CGL <input type="checkbox"/> B1 <input type="checkbox"/> EA PER \$ B1 EACH ACCIDENT \$ PROPERTY DAMAGE \$	COVERAGES COMP / OTC SPECIFIED CAUSES OF LOSS COLLISION TOWING & LABOR
PERSONAL INJURY PROTECTION	65 <input type="checkbox"/> 67 <input type="checkbox"/> 66 <input type="checkbox"/>	DEDUCTIBLE \$	62 <input type="checkbox"/> 67 <input type="checkbox"/> BCL <input type="checkbox"/> FT <input type="checkbox"/> LSP 63 <input type="checkbox"/> 68 <input type="checkbox"/> F <input type="checkbox"/> FTW 64 <input type="checkbox"/>
ADDL PERSONAL INJURY PROTECTION	65 <input type="checkbox"/> 67 <input type="checkbox"/> 66 <input type="checkbox"/>	WORK LOSS \$ MED EXP \$	62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64 <input type="checkbox"/>
MEDICAL PAYMENTS	62 <input type="checkbox"/> 64 <input type="checkbox"/> 63 <input type="checkbox"/> 67 <input type="checkbox"/>	EACH PERSON \$	62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64 <input type="checkbox"/>
UNINSURED MOTORIST	62 <input type="checkbox"/> 68 <input type="checkbox"/> 63 <input type="checkbox"/> 67 <input type="checkbox"/> 64 <input type="checkbox"/>	CS1 <input type="checkbox"/> B1 <input type="checkbox"/> EA PER \$ B1 EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER/INTERCHANGE COVERAGES COMP / OTC SPECIFIED CAUSES OF LOSS COLLISION
UNDERINSURED MOTORIST	62 <input type="checkbox"/> 68 <input type="checkbox"/> 63 <input type="checkbox"/> 67 <input type="checkbox"/> 64 <input type="checkbox"/>	CS1 <input type="checkbox"/> B1 <input type="checkbox"/> EA PER \$ B1 EACH ACCIDENT \$ PROPERTY DAMAGE \$	62 <input type="checkbox"/> 67 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 64 <input type="checkbox"/>
NON-TRUCKERS HIRED / BORROWED	YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE \$ \$ STATES # DAYS # VEH
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE COVERAGE IS: PRIMARY SECONDARY
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS NUMBER OF	OTHER
OTHER			

COVERED AUTO SYMBOLS  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## SIGNATURE

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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APPLICANT'S SIGNATURE 	DATE 2/2/15	PRODUCER'S SIGNATURE 	NATIONAL PRODUCER NUMBER 812055
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## PRIOR CARRIER INFORMATION (continued)

## AGENCY CUSTOMER ID:

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

## LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 36s are available for applicants in these states.)

(Applicant's Initials):

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

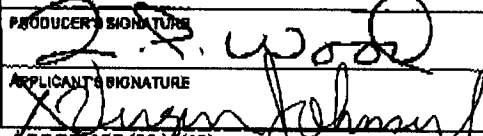
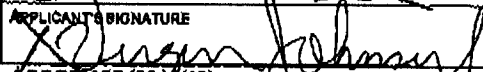
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (be) present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Thomas P. Wood	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 2/2/15	NATIONAL PRODUCER NUMBER 812055

## STANDARD PREMIUM FINANCE MANAGEMENT CORP. PO BOX 522941 MIAMI, FLORIDA 33162-2941

CONTRACT NO. **PENDING****PREMIUM FINANCE AGREEMENT**

THIS AGREEMENT is made on the date indicated between the assured and STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION, a Florida Corporation hereinafter called "SPFMC", for the financing of the balance of the premiums on the following insurance policies:

POLICY NUMBER	Full Name and Address of Insurance Company and Name & Address of General Agent to which policy premium is paid	FOR SPFMC USE ONLY	INCEPTION DATE	POLICY EXPIRES	TYPE OF COVERAGE	PREMIUM			
	OCCIDENTAL FIRE & CATASTROPHIC SPECIALTY PROGRAM		2/4/2015	2/4/2016	COMM. AUTO	\$16,074.00 \$0.00 \$0.00 \$0.00 \$0.00			
<input checked="" type="radio"/> Coupon <input type="radio"/> ACH* <input type="radio"/> Monthly Billing									
(A) CASH PRICE (Total Premiums)	(B) YOUR CASH DOWN PAYMENT	(C) AMOUNT FINANCED The Amount of credit provided to you or on your behalf. Unpaid balance of cash price.	(D) FINANCE CHARGE The dollar amount the credit will cost you.	(E) DOCUMENTARY STAMPS State required documentary stamps.	(F) Total of Payments (BALANCE DUE) The amount you will have paid after you have made all payments as scheduled.	(G) ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.			
\$16,074.00	\$3,294.80	\$12,779.20	\$328.13	\$0.00	\$13,107.33	6.13			
State Documentary Stamp Tax Where Applicable by Law in the amount stated above will be paid directly to the Department of Revenue.			<b>YOUR PAYMENT SCHEDULE WILL BE:</b> <table border="1"> <tr> <td>Amount of Each Payment <b>\$1,456.37</b></td> <td>Number of Payments <b>9</b></td> <td>Payments are Due Monthly Beginning <b>3/4/2015</b> <small>DATE OF FIRST PAYMENT</small></td> </tr> </table>				Amount of Each Payment <b>\$1,456.37</b>	Number of Payments <b>9</b>	Payments are Due Monthly Beginning <b>3/4/2015</b> <small>DATE OF FIRST PAYMENT</small>
Amount of Each Payment <b>\$1,456.37</b>	Number of Payments <b>9</b>	Payments are Due Monthly Beginning <b>3/4/2015</b> <small>DATE OF FIRST PAYMENT</small>							
Each of the monthly payments is due on the same day of each succeeding month until paid in full.									
<b>SECURITY:</b> You are giving a security interest in any and all unearned return premiums, dividends and loss payments which may become payable under the policies. <b>LATE CHARGE:</b> If a payment is 5 days late, you will be charged 5% of the late installment, but no less than \$1.50 for Georgia, Florida, Alabama and Mississippi; not less than \$1.00 for South Carolina. In Texas and Tennessee, if a payment is 10 days late, you will be charged 5% of the installment, but no less than \$2.00 for Tennessee or otherwise prescribed by the state jurisdiction (not to exceed \$10.00 on personal fines in Florida). <b>PREPAYMENT:</b> If you pay off early, you may be entitled to a refund or part of the finance charge, although you may have to pay a prepayment penalty. See the reverse side/page 2 of this document for additional information about nonpayment, default, and prepayment penalties.									
<b>FEDERAL TRUTH IN LENDING DISCLOSURES</b>									

FOR VALUE RECEIVED: the undersigned insured promises and agrees to pay to the order of "SPFMC" the sum of (being the total of payments above) pursuant to all of the terms and conditions contained in the Schedule above and in the Terms and Conditions of this agreement, all of which are incorporated herein.

**\$13,107.33****NOTICE: SEE REVERSE SIDE/PAGE 2 FOR IMPORTANT INFORMATION**

**NOTICE:** 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

**DO NOT SIGN THIS AGREEMENT UNTIL ALL REMAINING CONDITIONS ON REVERSE SIDE/PAGE 2 HAVE BEEN READ BY YOU.**

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 2 DAY OF FEBRUARY 2015

(PRINT OR TYPE)

**FUN TOURS, LLC**

INSURED NAME (as stated in policy)

C/O

**410 SUMMERB AVE.**

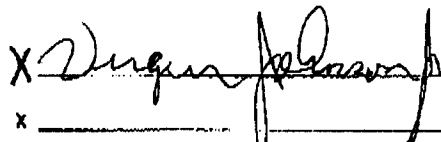
Address

**ORANGEBURG, SC 29115****8039731583**

City, State, Zip Code

Home phone

Work phone

X   
 X \_\_\_\_\_  
 S.S. # or Business I.D. # \_\_\_\_\_ Driver's License \_\_\_\_\_  
**FUNTOURSLLCSO@GMAIL.COM**

**AGENT'S NOTE:** The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered and that the down payment as shown in the contract has been paid by or on behalf of the insured and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction, that the assured is of legal age and has capacity to contract, that the signature is genuine and that he has delivered a copy of this contract to the insured. The agent further states that none of the policies listed hereon contain an audit or reporting form. Agent acknowledges that it is not affiliated in any capacity or manner with SPFMC and agrees in the event of cancellation to remit the gross unearned commissions or unearned premiums to SPFMC upon request.

**THOMAS P WOOD INSURANCE AGENCY****50037****105 DOVERSHIRE CT****CARY, NC 27513**

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY (IES)

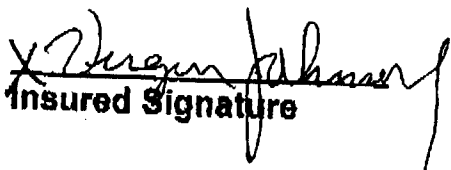
X   
 SIGNATURE OF BROKER OR AGENT

## DRIVER CERTIFICATION

**I understand that all drivers must be reported to the Company upon hire and must meet the following to be eligible:**

- 1) Have at least 2 years of verifiable driving experience as evidenced by a current MVR.**
- 2) All drivers must meet minimum requirements as per the Insurance Company MVR Guidelines provided at the time of quotation. (Additional copies of these guidelines can be provided upon request.)**
- 3) Drivers must possess the proper license type to include applicable endorsements in order to operate vehicles designed to transport specific numbers of passengers per state and federal laws.**

**I understand and agree that this Certification is part of the Insureds Application.**

**Insured Signature** 

**Date** 2/2/15

**Policy Number** \_\_\_\_\_

Jan. 22. 2015 4:48PM Johnson &amp; Williams

No. 5900 P. 8

**Exhibit Fit, Willing, and Able (FWA)**

---

FUN TOURS, LLC  
Name of Applicant

---

2568289  
U.S.D.O.T No.ICC No.

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1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Jan. 22, 2015 4:48PM Johnson &amp; Williams

No. 5900 P. 9

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

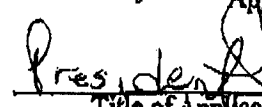
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
\_\_\_\_\_  
Applicant's Signature

  
\_\_\_\_\_  
President  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Orangeburg )

SWORN TO BEFORE ME

This 20 day of Jan, 20 15

  
\_\_\_\_\_  
Notary Public

Commission Expires 02/05/2017

Jan. 22. 2015 4:49PM Johnson &amp; Williams

No. 5900 P. 11

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

FUN TOURS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 4th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
4th day of September, 2014.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State



Jan. 22. 2015 4:49PM Johnson &amp; Williams

No. 5900 P. 12

CERTIFIED TO BE A TRUE AND CORRECT COPY  
 AS TAKEN FROM AND COMPARED WITH THE  
 ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
 SECRETARY OF STATE

SEP 04 2014

ARTICLES OF ORGANIZATION  
 Limited Liability Company – Domestic  
 Filing Fee - \$110.00

*Mark Hammond*  
 SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

FUN TOURS, LLC

\*NOTE: The name of the limited liability company must contain one of the following endings:  
 "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C."  
 "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

410 SUMMERS AVENUE

Street Address

ORANGEBURG

29115

City

Zip Code

3. The initial agent for service of process is

VIRGIN JOHNSON, JR.

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

410 SUMMERS AVENUE

Street Address

ORANGEBURG

29115

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) VIRGIN JOHNSON, JR.

Name

308 AVIAN COURT

Street Address

ORANGEBURG

SC

29118

City

State

Zip Code

- (b)

Name

Street Address

City

140804-0219  
 FUN TOURS, LLC

FILED: 09/04/2014

Filing Fee: \$110.00 ORIG

Mark Hammond

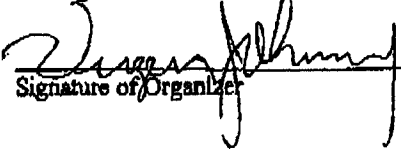
South Carolina Secretary of State

Jan. 22. 2015 4:49PM Johnson &amp; Williams

No. 5900 P. 13

Name of Limited Liability Company FUN TOURS, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
- (b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(e). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

  
Signature of Organizer9-4-14  
Date\_\_\_\_\_  
Signature of Organizer\_\_\_\_\_  
Date